



RESPONSE TRANSMITTAL AND FEE AUTHORIZATION

ATTORNEY DOCKET NO.: 22856/00302		APPLICATION NO.: 10/672,135	
FILING DATE: September 26, 2003	CONFIRMATION NO: 6109	EXAMINER: Chhaya D. Sayala	GROUP ART UNIT: 1761
INVENTOR(S): Stephen C. MUMA			
TITLE OF INVENTION: PHOSPHATE REPLACEMENT FERTILIZERS			

MAIL STOP RCE

COMMISSIONER FOR PATENTS
P. O. BOX 1450
ALEXANDRIA, VA 22313-1450

TRANSMITTED HERewith FOR THE ABOVE IDENTIFIED U.S.
PATENT APPLICATION IS:

- ☒ (A) Enter and reconsider the Amendment under 37 C.F.R. § 1.116 previously filed on July 23, 2007.
- ☒ (B) A Petition for Extension of Time (\$60)
☒ for 1 month ☐ for 2 months ☐ for 3 months;
A Petition for Extension of Time, having been previously filed,
☐ for 1 month ☐ for 2 months ☐ for 3 months
- ☐ (C) A request for approval of proposed drawing changes.
- ☐ (D) A Letter to Official Draftsperson.
- ☐ (E) An Information Disclosure Statement.
- ☒ (F) Other: Request for Continued Examination (RCE) Pursuant to 37 C.F.R. § 1.114 (\$395)
- ☐ (G) A Notice of Change of Inventor Address.
- ☐ The claims fee, if any, has been calculated as shown below

EXPRESS MAIL MAILING LABEL NO.: EV 839614854 US
DATE OF DEPOSIT: AUGUST 22, 2007

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the dated indicated above and is addressed to the MAIL STOP RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

DERRICK GORDON

Name of Person Mailing Paper or Fee

Signature

AUGUST 22, 2007

Date of Signature

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	0	MINUS	0	0
INDEP.	0	MINUS	0	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

RATE	ADD'L FEE
x \$25	\$
x \$100	\$
+ \$180	\$
TOTAL ADD'L FEE	\$-0-

OR

LARGE ENTITY

RATE	ADD'L FEE
x \$50	\$
x \$200	\$
+ \$360	\$
TOTAL ADD'L FEE	\$-0-

- ☒ Please charge \$455 to Sidley Austin LLP's Deposit Account No. 18-1260, which includes
☐ the amount of \$0 for the claims fee calculated above AND/OR
☒ the amount of \$455 for the fee for item(s) ☒ (B) ☐ (E) ☒ (F), *supra*
- ☒ Please charge any additional fees (other than issue fee) required during the pendency of this application to Deposit Account No. 18-1260. Please credit any overpayment to Deposit Account No. 18-1260.
- ☒ A duplicate copy of this Response Transmittal and Fee Authorization is enclosed.

August 22, 2007

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By:

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